

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

ANTOINE PRINGLE
JOYCE R PRINGLE
Debtor(s)

Case No. 06-13405

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 10/19/2006.
- 2) The plan was confirmed on 01/10/2007.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 09/16/2009.
- 5) The case was dismissed on 10/02/2009.
- 6) Number of months from filing to last payment: 35.
- 7) Number of months case was pending: 38.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$36,075.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$38,775.62
Less amount refunded to debtor	\$0.00

NET RECEIPTS: **\$38,775.62**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$2,426.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$1,881.09
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$4,307.09**

Attorney fees paid and disclosed by debtor: \$574.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ASSOCIATED ANESTHESIOLOGISTS	Unsecured	251.64	NA	NA	0.00	0.00
CHARTER ONE	Unsecured	1,200.00	NA	NA	0.00	0.00
CHASE HOME FINANCE	Secured	35,223.20	35,223.20	35,223.20	34,468.53	0.00
CHASE HOME FINANCE	Secured	NA	NA	NA	0.00	0.00
CITY OF JOLIET	Unsecured	540.00	NA	NA	0.00	0.00
COMED	Unsecured	264.54	NA	NA	0.00	0.00
COOK COUNTY STATES ATTORNEY	Priority	1,500.00	1,500.00	1,500.00	0.00	0.00
ILLINOIS DEPT REVENUE	Priority	NA	1,679.47	1,679.47	0.00	0.00
ILLINOIS DEPT REVENUE	Unsecured	NA	516.52	516.52	0.00	0.00
INTERNAL REVENUE SERVICE	Unsecured	NA	324.80	324.80	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	2,400.00	4,746.66	4,746.66	0.00	0.00
JOLIET RADIOLOGICAL SERVICE	Unsecured	163.00	NA	NA	0.00	0.00
MENARDS/HRS	Unsecured	766.39	NA	NA	0.00	0.00
NICOR GAS	Unsecured	673.88	NA	NA	0.00	0.00
PRAIRIE EMERGENCY SERVICE	Unsecured	231.00	NA	NA	0.00	0.00
PROVENA ST JOSEPH MEDICAL CTR	Unsecured	825.89	NA	NA	0.00	0.00
SILVER CROSS HOSPITAL	Unsecured	4,697.84	NA	NA	0.00	0.00
TCF BANK	Unsecured	900.00	NA	NA	0.00	0.00
VIVIAN FUNCHES	Unsecured	23,133.13	23,133.13	23,133.13	0.00	0.00
WILL COUNTY HEALTH DEPT	Unsecured	7.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$35,223.20	\$34,468.53	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$35,223.20	\$34,468.53	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$7,926.13	\$0.00	\$0.00
TOTAL PRIORITY:	\$7,926.13	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$23,974.45	\$0.00	\$0.00

Disbursements:	
Expenses of Administration	<u>\$4,307.09</u>
Disbursements to Creditors	<u>\$34,468.53</u>
TOTAL DISBURSEMENTS :	<u>\$38,775.62</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 12/15/2009

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.